

APPLICATION FOR TIME PAYMENT, EXTENSION, OR COMMUNITY SERVICE (Page 1 of 4)

City of Glenn Heights Municipal Court

1938 S. Hampton Rd

Glenn Heights, TX 75154

Phone 972-223-1690

Fax 972-223-9307

Your Name (first, Middle, Last, Maiden)		
SSN #	Date of Birth	Driver License/Identification # AND State
Current address: (Include P.O.B#, Apt#, Lot #, City, State and Zip)		
Home/Cell Telephone		Email Address
Own Rent Rent free If RENT, Landlord Name _____ Telephone # _____		Marital Status (Check One): Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/>
Are you on probation or parole? ____YES ____NO Where: _____ Monthly Probation/Restitution fees:\$_____		
Probation/Parole Officer name _____ Phone _____		

INITIAL/CHECK ALL THAT APPLY.

The Court has advised me that I am responsible for satisfying the judgment and sentence as ordered.

____ I assert that I am unable to pay the fine and costs immediately and that the following information is documentation that I have insufficient resources or income to pay today.

____ I request that the Court extend the payment to a later date and grant a time payment plan.

____ I request that I be able to discharge the fine and costs by performing community service, because I have no resources to pay and I am unable to pay the fine and costs. I claim indigent and request hearing

____ I have been determined to be indigent by the federal government and I am receiving or I am eligible to receive assistance under a federal program. Name of program: _____.

<input type="checkbox"/> I AM UNEMPLOYED. HOW LONG UNEMPLOYED? _____			
<input type="checkbox"/> I AM A FULL TIME STUDENT AND SUPPORTED BY - PARENT LEGAL GUARDIAN GRANTS OTHER_____			
IF YOU ARE A STUDENT THE FINANCIAL INFORMATION FOR THAT PARENT, GUARDIAN, OR OTHER IS TO BE COMPLETED BELOW.			
Employer Name		Work Telephone	
Employer address			
City		State and Zip Code	
Your Title or Position	Fulltime / Part time	Hourly Rate	Pay Schedule (weekly, biwkly, mthly)
How long have you worked there?			Next Check
Spouse Name			
Employer Name and address			
Your Title or Position	Fulltime / Part time	Hourly Rate	Pay Schedule (weekly, biwkly, mthly)

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List all your dependents, their ages, and their relationship to you:

LIST ALL BANK ACCOUNTS IN YOUR NAME OR FROM WHICH YOU MAY WITHDRAW FUNDS:

Name of Institution	Address of Institution	Type of Account	Account Balance
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

ESTIMATE YOUR AVERAGE CURRENT MONTHLY EXPENSES FOR YOU AND YOUR FAMILY:

- a. Home mortgage payment, rent, or lot rental for trailer: \$ _____
- b. Routine home maintenance: \$ _____
- c. Utilities (electricity, water, gas, cell phone): \$ _____
- d. Food and sundries(toiletries,newspaper): \$ _____
- e. Clothing: \$ _____
- f. Laundry and cleaning: \$ _____
- g. Newspapers, periodicals, & books, including school books:\$ _____
- h. Medical, dental, and drug expenses: \$ _____
- i. Insurance (auto, life, medical, homeowners/renters): \$ _____
- j. Transportation, including auto payments: \$ _____
- k. Taxes not deducted from wages or included in mortgage: \$ _____
- l. Alimony or support payments: \$ _____
- m. Cable/Satellite: \$ _____

Other Monthly INCOME:

Unemployment/Social Security/Disability \$ _____
Welfare/Food Stamps/AFDC \$ _____
Housing Assistance \$ _____
Alimony/Child Support \$ _____

LIST ALL REAL ESTATE OWNED BY YOU OR YOUR SPOUSE:

LIST & GIVE THE VALUE FOR ALL PERSONAL PROPERTY OWNED BY YOU OR YOUR SPOUSE:

- a. Deposits in financial institutions and cash on hand: \$ _____

- b. Household goods and supplies (use reverse side if necessary):

_____	\$ _____	_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____	_____	\$ _____

- c. Household furniture and furnishings (use reverse side if necessary):

_____	\$ _____	_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____	_____	\$ _____

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d. Jewelry (use reverse side if necessary):

_____	\$ _____	_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____	_____	\$ _____

e. Sports equipment and musical instruments (use reverse side if necessary):

_____	\$ _____	_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____	_____	\$ _____

f. Television, home theater, media, and stereo equipment (use reverse side if necessary):

_____	\$ _____	_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____	_____	\$ _____

g. Household appliances (use reverse side if necessary):

_____	\$ _____	_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____	_____	\$ _____

h. Automobiles, trucks, trailers, boats, and accessories (use reverse side if necessary):

_____	\$ _____	_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____	_____	\$ _____

i. Machinery and tools, lawn and garden equipment (use reverse side if necessary):

_____	\$ _____	_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____	_____	\$ _____

j. Office equipment, supplies, furniture, and inventory (use reverse side if necessary):

_____	\$ _____	_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____	_____	\$ _____

k. Farming equipment, supplies, livestock, and other animals (use reverse side if necessary):

_____	\$ _____	_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____	_____	\$ _____

l. Any other property not listed above (use reverse side if necessary):

_____	\$ _____	_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____	_____	\$ _____

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LIST ALL OF YOUR CREDITORS (including credit cards) AND THE AMOUNT YOU OWE EACH
(Use reverse side if necessary):

_____ \$ _____	_____ \$ _____
_____ \$ _____	_____ \$ _____
_____ \$ _____	_____ \$ _____
_____ \$ _____	_____ \$ _____
_____ \$ _____	_____ \$ _____
_____ \$ _____	_____ \$ _____

YOUR SIGNATURE FOR THE FOLLOWING STATEMENTS INDICATES THAT YOU HAVE READ THE STATEMENTS, UNDERSTAND IT AND AGREE TO IT.

I promise that until my fines have been paid in full, I will notify this Court in person or by first-class mail of any changes of my address or telephone number at the following address *1938 S. Hampton Road* within five (5) days of the change.

I understand that until my fines and court costs are paid in full I have a continuing obligation to notify the Court of any changes in my financial status that may hinder my ability to satisfy the judgment or help me satisfy the judgment.

I understand that if I pay any part of the fine, costs, or restitution (if applicable) on or after the 31st day after judgment was entered that I am responsible for paying a \$25 time payment fee (Section 133.103, Local Government Code).

I Also understand that cases that have an Omnibase hold (DPS to deny renewal of your driver's license) will NOT be lifted until all payments are made.

I further authorize the City of Glenn Heights to conduct a complete and thorough investigation of my financial statement I have provided and direct investigation of all information given.

I understand that submitting false financial information to the Court constitutes the crime of tampering with a governmental record, punishable by incarceration and/or the imposition of a fine (Section 37.10, Penal Code).

I swear that all the information in this application is true, correct, and complete to the best of my knowledge and belief.

Date: _____ Defendant's Signature: _____

Sworn and subscribed before me this day _____ of _____, 20____.

(Judge) (Clerk) (Deputy Clerk)